California Department of Corrections and Rehabilitation – Selection Services Section

SUPPLEMENTAL APPLICATION FOR SENIOR LIBRARIAN, CORRECTIONAL FACILITY

Congratulations! Your application for the above named examination being administered by the California Department of Corrections and Rehabilitation has been accepted. This examination will consist of the attached Supplemental Application questionnaire, which will be used to evaluate your knowledge, experience, education and training as they relate to the Senior Librarian, Correctional Facility classification. This Supplemental Application is the examination and will account for 100% of your examination score. It is required that you personally complete this Supplemental Application accurately and without assistance. Refer to the instructions below for completing and submitting this Supplemental Application.

You will be evaluated based on your ability to follow directions, read, interpret, and respond appropriately to the questions in this Supplemental Application. Candidates who fail to follow the instructions will be eliminated from this examination.

YOUR RESPONSES ARE SUBJECT TO VERIFICATION

Please keep in mind that all information provided on this Supplemental Application will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents their experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the certification list
- · Loss of State employment
- Loss of rights to compete in any future State examinations

THIS AFFIRMATION MUST BE COMPLETED

Government Code Section 18935:

"The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

j. Has intentionally attempted to practice any deception or fraud in his or her application, in his or her examination or in securing his or her eligibility."

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If it is discovered that I have mad any false representations after being appointed to a position, I may have adverse action taken against me, which could result in dismissal

| SIGNATURE: | DATE: |
|--------------------|--------------------|
| NAME (PRINTED): | _ |
| HOME PHONE NUMBER: | WORK PHONE NUMBER: |

YOUR COMPLETED SUPPLEMENTAL APPLICATION MUST INCLUDE YOUR ORIGINAL SIGNATURE

or

Mail Completed Supplemental Application to:

California Department of Corrections and Rehabilitation Selection Services Section P.O. Box 942883 Sacramento, CA 94283-0001

Submit in Person with:

California Department of Corrections and Rehabilitation Selection Services Section 1515 "S" Street, Room 522N Sacramento, CA 95814

NOTE:

- Be sure your envelope has adequate postage if submitting via mail.
- Facsimiles (FAX) will NOT be accepted under any circumstances.
- Be sure to enter your name in the space provided on EACH PAGE.

| CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION | |
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| SUPPLEMENTAL APPLICATION FOR SENIOR LIBRARIAN, CORRECTIONAL FACILITY | YOUR NAME (PLEASE PRINT CLEARLY) |

PRIOR STATE EMPLOYMENT INFORMATION

Complete this next section ONLY if you have been previously dismissed from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. IF THIS DOES NOT APPLY TO YOU, please skip this question.

| | provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained is need from the State Personnel Board. |
|----------|--|
| Do you h | nave written permission from the State Personnel Board Executive Officer to take this examination? |
| | YES |
| | NO |
| | NOT APPLICABLE |
| | |

YOUR NAME (PLEASE PRINT CLEARLY)

CONDITIONS OF EMPLOYEMENT FORM FOR CDCR ADULT AND YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED. If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated. Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

| may cho | ose up to 15 different locations. If you o | choose mor | e than 15, you will be certified for anywh | ere in the S | State. |
|---------------|--|---------------|--|--------------|--|
| | | TYPE OF | APPOINTMENT YOU WILL ACCEPT | | |
| Please r | mark the appropriate box(es) - you may | _ | Any" if you are willing to accept any type | of employr | ment. |
| | marked and you receive an appointme | | ent Part-Time | | |
| positions | 5. | | | | |
| | | |) WHERE YOU ARE WILLING TO WOF ox is marked, no further selection | | sary. |
| NOTE: | California State Prison has been abbrevi | ated to "CS | P." Youth Correctional Facility has been | n abbreviat | ted to "YCF. |
| | 7231 NORTHERN REGION – If | this box i | s marked, no further selection is | necessar | y. |
| | ADULT | FACILITIE | S: | YOUTH | FACILITIES: |
| □ 0309 | Mule Creek State Prison lone, Amador County | | Richard A. McGee Correctional Training Center, Galt, Sacramento County | □ 3902 | DeWitt Nelson YCF Stockton, San Joaquin County |
| □ 0802 | Pelican Bay State Prison | □ 3423 | CSP, Sacramento | □ 3908 | O.H. Close YCF |
| - 4000 | Crescent City, Del Norte County | - 0004 | Represa, Sacramento County | E 0047 | Stockton, San Joaquin County |
| □ 1802 | California Correctional Center Susanville, Lassen County | □ 3901 | Deuel Vocational Institution Represa, Sacramento County | □ 3917 | N.A. Chaderjian YCF Stockton, San Joaquin County |
| □ 1805 | High Desert State Prison | □ 4804 | California Medical Facility | □ 3907 | Northern California YCF |
| T 2102 | Susanville, Lassen County | □ 4011 | Vacaville, Solano County | □ 0244 | Stockton, San Joaquin County |
| □ 2102 | CSP, San Quentin San Quentin, Marin County | □ 4811 | CSP, Solano Vacaville, Solano County | □ 0311 | Pine Grove Youth Conservation Camp Facility |
| □ 3400 | Headquarters | □ 5505 | Sierra Conservation Center | | Pine Grove, Amador County |
| □ 2404 | Sacramento, Sacramento County Folsom State Prison | | Jamestown, Tuolumne County | □ 0307 | Preston YCF |
| □ 3404 | Represa, Sacramento County | | | | Ione, Amador County |
| | 7232 CENTRAL REGION – If th | is box is | marked, no further selection is ne | cessary. | |
| | ADIII T | FACILITIE | · · | YOUTH | FACILITIES: |
| □ 1015 | Pleasant Valley State Prison | | Central California Women's | | El Paso de Robles YCF |
| | Coalinga, Fresno County | | Facility | | Paso Robles, |
| □ 1513 | Wasco State Prison - Reception | □ 2004 | Chowchilla, Madera County Valley State Prison for Women | | San Luis Obispo County |
| | Center, Wasco, Kern County | | Chowchilla, Madera County | | |
| □ 1514 | North Kern State Prison | □ 2701 | Correctional Training Facility | | |
| □ 1522 | Delano, Kern County Kern Valley State Prison | □ 2708 | Soledad, Monterey County Salinas Valley State Prison | | |
| | Delano, Kern County | | Soledad, Monterey County | | |
| □ 1605 | Avenal State Prison Avenal, Kings County | □ 4005 | California Men's Colony San Luis Obispo, San Luis Obispo Cou | untv. | |
| □ 1606 | CSP, Corcoran | □ 1608 | California Substance Abuse Treatme | | |
| | Corcoran, Kings County | | Facility, Corcoran, Kings County | | |
| | 7233 SOUTHERN REGION – If | this box i | s marked, no further selection is i | necessar | у. |
| | ADULT | FACILITIE | :S: | YOUTH | FACILITIES: |
| □ 1307 | Calipatria State Prison | | Chuckawalla Valley State Prison | | Heman G. Stark YCF |
| □ 1309 | Calipatria, Imperial County (North) Centinela State Prison | □ 3320 | Blythe, Riverside County Ironwood State Prison | □ 1067 | Chino, San Bernardino County Southern Youth Correctional |
| L 1300 | Imperial, Imperial County (South) | □ 3329 | Blythe, Riverside County | □ 1907 | Reception Center & Clinic |
| □ 1503 | California Correctional Institution | □ 3612 | California Institution for Men | - | Norwalk, Los Angeles County |
| □ 1995 | Tehachapi, Kern County CSP, Los Angeles | □ 3613 | Chino, San Bernardino County California Institution for Women | ⊔ 5610 | Ventura YCF Camarillo, Ventura County |
| | Lancaster, Los Angeles County | <u> </u> | Corona, San Bernardino County | | camamo, vontara county |
| □ 3310 | California Rehabilitation Center | □ 3715 | R. J. Donovan Correctional Facility | | |
| | Norco, Riverside County | | at Rock Mountain, San Diego, San Diego County | | |

Please notify CDCR promptly of any address changes or availability for employment at the following address: CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center

| CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION | |
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| SUPPLEMENTAL APPLICATION FOR SENIOR LIBRARIAN, CORRECTIONAL FACILITY | YOUR NAME (PLEASE PRINT CLEARLY) |
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| | e following are job requirements. Please respond to each question by marking the appropriate box. If you ble to comply with any of the following job requirements, it will be grounds for elimination from the examination | | lling or |
|-----|--|-------|----------|
| 1. | Willingness to work in a State correctional facility at various custody/security levels. | ☐ Yes | □No |
| 2. | Willingness to work in various mental health settings and programs within the institution and to work with inmates/wards, including some who may be mentally ill, developmentally disabled, potentially dangerous, and/or sex offenders. | ☐ Yes | □No |
| 3. | Willingness to work with inmates/wards, including some who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis. | ☐ Yes | □No |
| 4. | Willingness to work around peace officers armed with chemical agents and/or weapons. | ☐ Yes | ☐ No |
| 5. | Willingness to respond to changes in the work unit in a positive, professional manner. | ☐ Yes | ☐ No |
| 6. | Willingness to promote positive, collaborative, professional working relations among co-workers or other staff. | ☐ Yes | □No |
| 7. | Willingness to work professionally with individuals from a wide range of cultural backgrounds. | ☐ Yes | ☐ No |
| 8. | Willingness to work in a team environment to complete assigned work tasks. | ☐ Yes | ☐ No |
| 9. | Willingness to work alternate work schedules. | ☐ Yes | □No |
| 10. | Willingness to work weekend work shifts (that is, Saturday and/or Sunday shifts) on an as-needed, regular, or rotating basis. | ☐ Yes | □No |
| 11. | Willingness to work in various institutional work sites and locations alone or with very little interaction with co-workers and/or others. | ☐ Yes | ☐ No |
| 12. | Willingness to climb ladders up to heights of approximately 8 feet. | ☐ Yes | ☐ No |
| 13. | Willingness to work from high tiers (approximately 15 to 60 feet) above the ground. | ☐ Yes | ☐ No |
| 14. | Willingness to carry equipment and materials weighing up to 20 pounds to various areas on institution grounds. | ☐ Yes | □No |
| 15. | Willingness to wear protective clothing (e.g., vests, hard hats, glasses/goggles/masks, and appropriate footwear, etc.) as required. | ☐ Yes | □No |
| 16. | Willingness to abide by and adhere to safety policies and provisions (e.g., wear personal alarm, carry whistle, etc.) applicable to specific work assignments. | ☐ Yes | ☐ No |
| 17. | Willingness to comply with annual tuberculosis screening requirements. | ☐ Yes | ☐ No |
| 18. | Willingness to abide by and adhere to the institutional dress code. | ☐ Yes | ☐ No |
| 19. | Willingness to comply with departmental training requirements and participate in on-going education specific to your work assignment. | ☐ Yes | ☐ No |
| 20. | Willingness to report dangerous situations/contraband to supervisors and/or custody staff. | ☐ Yes | ☐ No |
| 21. | Willingness to independently supervise inmate/ward library workers. | ☐ Yes | ☐ No |
| 22. | Willingness to participate in departmental legal activities (e.g., serve as an expert witness or material witness, serve as a defendant, etc.). | ☐ Yes | ☐ No |
| 23. | Willingness to actively participate in the audit/peer review process. | ☐ Yes | ☐ No |
| 24. | Willingness to report unethical and/or illegal behavior on the part of departmental staff. | ☐ Yes | ☐ No |
| 25. | Willingness to provide instruction or oversight regarding departmental policies, procedures, standards, and practices to other employees, outside consultants, and/or members of the public. | ☐ Yes | □No |
| 26. | Willingness to travel to work sites away from assigned work location, which could require extended hours of work and/or overnight or multiple-day trips. | ☐ Yes | □No |
| | | | |

YOUR NAME (PLEASE PRINT CLEARLY)

WORK EXPERIENCE

| Under "Work Experience," for items #1 - 17, please indicate: | I | Fre | quen | су | | | Le | velo | f Skill |
|---|---|-----|--------|---------|----------|---|---------------------------------|---|---|
| Frequency A. If you have performed this task within the last 36 months B. How often you perform this task (Please select one box from "weekly" "monthly" and "annually" column) AND Level of Skill A. Indicate the level of skill that you have in performing this task (Please select one box from the "level of skill" column) NOTE: There should be three (3) checkmarks for each question. | Performed task within last 36 months | | Weekly | Monthly | Annually | | Have not performed this task | Performed task with direction/assistance | Performed task independently without assistance |
| Evaluate leisure materials (e.g., books, periodicals, books on tape, specialized multimedia reading/listening equipment, etc.) | | | | | | | | | |
| Evaluate resources that promote literacy (e.g., low reading level/high interest books, weekly readers, books on tape, etc.) | | | | | | _ | | | |
| 3. Evaluate requests from library patrons related to law library services (e.g., court access, electronic delivery systems, legal software, etc.) | | | | | | | | | |
| Analyze/resolve collection development needs for the purchasing of materials and/or services | | - | | | | | | | |
| 5. Responsible for the purchasing process | | - | | | | | | | |
| Participate in training to keep informed of new developments in library science | | | | | | _ | | | |
| 7. Supervise library workers to provide delivery of library assistance and technical services | | | | | | | | | |
| Coordinate training of library workers | | | | | | | | | |
| Conduct ongoing law library training of library workers | | | | | | | | | |
| Maintain order/security of working areas and work materials | | - | | | | _ | | | |
| 11. Perform complex professional level library work (e.g., funding requests, budget analysis for collection development, space requirements, etc.) | | | | | | _ | | | |
| 12. Answers complex and/or difficult reference questions | | | | | | | | | |
| 13. Coordinates and/or approves intra/inter-library loan requests | | | | | | | | | |
| 14. Coordinates the cataloging of library materials (e.g., manuscripts, clippings, books, multimedia, etc.) | | - | | | | _ | | | |
| Responsible for a complex correctional library program (e.g., special population needs, size of library collection, complexity of electronic delivery systems, etc.) | | | | | | | | | |
| 16. Develop library operational procedures/policies (e.g., internal library operating procedures, etc.) to provide and maintain standardized library services | | | | | | | | | |
| 17. Responsible for implementing complex library technology used in a professional library (e.g., computers, etc.) | | | | | | | | | |

KNOWLEDGE, SKILL, AND ABILITY

Provide specific information and relevant examples regarding knowledge, skills, and/or abilities from your background as requested below. Answer each question carefully and honestly. All information must be accurate, complete and truthful. Please keep in mind that omitted information cannot be assumed when your qualifications are being evaluated. All information is subject to verification. You must provide one 8 ½ x 11 piece of paper with your responses for each question. Your responses must be typed. Please put your full name on the top right hand corner of each piece of 8 ½ x 11 paper. Do not include a resume in lieu of answering the following questions.

- 1. List the steps you would take to develop a recreation/leisure library collection.
- 2. Describe how you would handle an overly demanding library patron who is upset and disruptive.
- 3. List library technologies used in circulation, cataloging, research, etc. that could be used to modernize an outdated library.
- 4. Describe the steps you would follow to set up, implement and monitor a school-wide/institution-wide Literacy Program for up to 1,500 library patrons.
- 5. As a working level supervisor at an institution library, you have two new staff reporting to work. Describe how you would ensure the new staff are properly prepared to work in the library.

| CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION | |
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| SUPPLEMENTAL APPLICATION FOR SENIOR LIBRARIAN. CORRECTIONAL FACILITY | |

YOUR NAME (PLEASE PRINT CLEARLY)

THIS AFFIRMATION MUST BE COMPLETED

I CERTIFY THAT ALL ANSWERS ARE TRUE AND COMPLETE.

I ALSO UNDERSTAND THAT IF I DO NOT MEET THE LEGAL MINIMUM QUALIFICAITONS OR JOB REQUIREMENTS FOR THIS CLASSIFICATION, I MAY BE REMOVED FROM THE EXAMINATION OR MY NAME MAY BE WITHHELD FROM THE CERTIFICATION LIST.

I HAVE CHECKED THAT ALL ITEMS HAVE AN ANSWER.

PRINT NAME SIGNATURE DATE

By signing above, I hereby certify that all the information entered on this examination is true and complete to the best of my knowledge, and that if I have not met the legal minimum qualifications for this classification, I will be removed from the examination when this fact is determined. I understand that if this examination is not completed correctly, it will not be processed. I understand that I am responsible for the correctness of my responses in this examination.

PREPARATION FOR HIRING INTERVIEW

If you are successful in this examination and called for a hiring interview, you will be asked to supply transcripts of your college course work, proof of degree(s) received and any registration that may be applicable. Additionally, you may be asked to supply supplemental documentation to verify your responses in this examination. It is strongly recommended that you assemble transcripts and licenses in advance to expedite the process.

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THIS EXAMINATION?

Check the appropriate box below.

| Newspaper/Magazine Advertisement Internet |
|--|
| memer |
| California Department of Corrections and Rehabilitation employed |
| Recruitment Mailing |
| College/School |
| Job Fair/Career Fair |
| Other: |

THIS COMPLETES THE SUPPLEMENTAL APPLICATION
SEE COVER PAGE FOR PROPER RETURNING AND MAILING PROCEDURES